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# EMS

## Newsletter

Vol. 2, No. 2

Helena, Montana 59601

July, 1975

### Federal Government Giveth

On June 20, 1975, the federal government awarded \$669,795 to Montana for EMS planning and implementation.

Of this total, \$547,563 was for implementation and was broken down into about \$95,300 for the state overview, about \$270,400 for eight Western counties and \$180,000 for ten Southeastern counties.

Southwestern, Central and Northeastern Montana were the recipients of a \$122,000 grant for EMS planning.

Five counties—Teton, Hill, Blaine, Liberty and Roosevelt—had been excluded from the grant because they had received EMS grants similar to the ones being sought for surrounding counties.

The grants were awarded to the State Department of Health and Environmental Sciences to be channeled through the EMS Bureau to the counties.

Those counties that received implementation funds, mostly for ambulances and communications equipment, were required to match the amounts.

The counties receiving equipment funds and the approximate amounts they were awarded were:

IN WESTERN MONTANA	
Flathead.....	\$12,700
Granite.....	\$15,000
Lake.....	\$13,000
Lincoln.....	\$7,300
Mineral.....	\$11,500

(Continued on Page 4)

### Legislative Committee Taketh Away

On July 26, 1975, the state legislative finance review committee disallowed all but about \$450,400 of the federal EMS grant.

In addition to the June 20 grant monies that were disallowed, almost \$50,000 in a training grant awarded in October, 1974, was not to be spent, the committee said.

Although the minutes of the committee have not yet been approved and consequently aren't available to the public, one apparent reason behind the fund strangulation was that committee members thought the money was duplicated in the EMS Bureau's general fund appropriation.

According to this thinking, the general fund appropriations had been made to replace federal planning and training funds that the federal government was withdrawing.

The HEW grants that were before the committee were for additional planning and training, as well as for evaluation, consultation and equipment funding.

The funding for additional personnel, such as regional coordinators, EMS planners, physician consultants and secretaries, apparently was disallowed because it might add salary requests to the Bureau

### ANALYSIS

### What This Means Is . . .

The result of both actions might be no federal funds from the EMS Act.

Unless all the funds are released by the state, no equipment can be purchased under the grant, no EMS planning can be federally funded, no regional coordinators can be hired and no statewide EMS system will operate for several years.

The federal government has said if the state can't put in a total EMS system, then the federal government will not pay only for equipment.

Thus, although allowed to be spent by the legislative finance review committee, equipment funds probably will be withdrawn by HEW.

Regardless of what happens to the funds, the holdback has caused a delay in getting EMS implementation and planning started.

The finance review committee might review its decision at its next meeting or the outcome may be decided in a pending court case that challenges the committee's authority as violating separation of powers.

Decisions by the state to release the funds or by the federal government to withdraw the funds may have been made by the time this newsletter is out. The next newsletter will carry more information about the problem.

(Continued on Page 4)

# Recommendations Made for Air Ambulances

An air ambulance conference in Helena on June 27 and 28 concluded with many recommendations for improved air ambulance service and improved access to service.

Problems brought out during the conference were:

- delays caused because of red tape through military rescue
- patient care not always provided in the air by private air ambulance operators; sometimes aircraft design prevents patient care
- equipment not standardized causing additional problems for a patient.

Recommendations to alleviate some of the problems noted the difference between air ambulance transport and air rescue.

Air rescue was given wider latitude in meeting suggested standards because, according to the general consensus of the workshops, the purpose is to rescue the person alive and not wait to obtain better equipment and aircraft if the patient dies while waiting.

"This does not mean that we should not strive for the best operation, the best equipment and the best training for all air operators," Robert Quam, EMS Bureau chief, said.

Some of the resources that were identified were: private air service; military—federal, state army guard and state air national guard; forest service; governmental units such as county services, Montana Highway Patrol, Fish and Game, Livestock Brand Inspector.

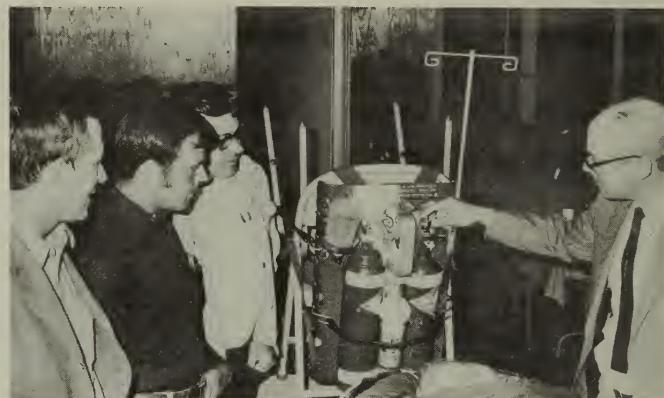
The military rescue operation, primarily that of Malmstrom Air Force Base in Great Falls, is able to respond with helicopters and trained medical personnel to remote areas.

However, law, regulations and policy require the private service to be contacted first. If they cannot provide the service, the governmental units can respond. Determining whether private enterprise can do the rescue has been one of the red tape problems of the military and the person needing help.

Patient care in the air was recommended by several

workshops. The emergency rescue workshop suggested that pilots be made aware of the need to take along paramedic or medical personnel who are trained to meet the needs of the emergency.

Among these standards were equipment and design criteria. In any advertising, the air ambulance operator also should state whether the aircraft is pressurized, conference participants suggested.



At the Air Ambulance Conference in Helena, Swede Troedsson, an EMT from Dillon, at far right points out aspects of an emergency jump kit capable of being used in aircraft. His listeners are: Ron Johnson, Chuck Spencer and Vern Wiens of Wolf Point.

Conference participants agreed that no state regulations should be established but that if air services were to advertise as an air ambulance that certain standards should be met.

## Boyd Names Priorities; Categorization Tops List

Dr. David Boyd, head of HEW's Division of Emergency Medical Services, has put regionalization and categorization of hospital facilities as top priorities for EMS this year.

At a meeting of EMS grant project directors, Boyd defined other high priorities as communications, access to care, transfer, record-keeping, mutual aid agreements and evaluation.

A meeting to discuss "Categorization of Emergency Capabilities of Hospitals" will be held in Chicago, September 9 and 10.

Emergency facilities (hospital categorization), critical care units and emergency patient transfer agreements will be the topics discussed at the meeting.

At the meeting, guest speaker Captain William Harvey, who works in the aviation section of the National Highway Traffic Safety Administration's EMS Division, said two meetings in July would solicit opinions for federal air ambulance standards.

Capt. Harvey said he would take the recommendations from the Montana conference to these meetings.

For a summary of conference recommendations, write: Janie Nigg, EMS Bureau, Department of Health and Environmental Sciences, Cogswell Building, Helena.

The EMS Newsletter is printed bimonthly in January, March, May, July, September and November at 1424 Ninth Avenue, Helena, Montana 59601, by the Emergency Medical Services Bureau of the Montana Department of Health and Environmental Sciences. The EMS Bureau is solely responsible for the contents of the newsletter.

Pat Murdo, editor.

Second Class postage paid at Helena, MT 59601.

# Congress Needs to be Shown EMS Support, Melcher Says

Rep. John Melcher, Montana Eastern District Congressman, urged participants at the Eastern Montana Regional EMS Conference in Billings to show their support for the federal EMS Act so that funding could be continued.

"Having this seminar is a good way of showing interest and helping the act continue," Melcher said.

He added that the money appropriated for the bill "isn't any too great," but that additional funds could be found by cutting military spending without hurting national defense.

Melcher also commented that overseas spending should be reviewed to see if additional money could be diverted to domestic needs such as emergency medical services.



Dr. Kit Johnson of Missoula and Eastern District Congressman John Melcher talk at the Eastern Montana Regional EMS Conference in Billings.

## Committee Researches EMT Regulations

The Board of Medical Examiners has designated a committee to assist with the writing of rules and regulations for training and certification of Emergency Medical Technicians (EMTs) and advanced EMTs.

The committee, formed from the Montana Medical Association's Committee on Emergency Medical Services (EMS), consists of Drs.: George Angelos—Billings, John W. Bradford—Missoula, Harold C. Habein—Billings, David J. Hide—Glasgow, David P. Jacobson—Missoula and Dale Johnson—Helena.

Drew Dawson of the EMS Bureau will assist the physicians on the committee.

Anyone wanting to provide input to the regulations and rules for EMT or advanced EMT programs should call Dawson at 449-3895 or write him at the EMS Bureau, Department of Health and Environmental Sciences, Cogswell Building, Helena, 59601.

An attempt is being made to make the levels of training and the certification consistent with national training programs currently under development.

At its July 8 meeting, the Board of Medical Examiners favored the learning of various advanced life-support techniques in segments rather than in one course of 480 hours or more.

The Board also strongly endorsed local community support,

especially of local physicians, before training would begin.

"The committee will review various training programs and attempt to tailor a program which meets the needs of rural Montana

while still being consistent with national standards," Dawson said.

Recommendations will be submitted to Board members in October for review at their December meeting.

## Continuing Education Offered

Continuing education workshops for physicians, for emergency, operating and intensive care nurses and for emergency medical technicians have been

### Workshop to be Presented For EMT Coordinators

A workshop for Emergency Medical Technician (EMT) course coordinators and instructors will be held August 15, 16 and 17 in West Yellowstone at the Convention Center.

The workshop is designed to give coordinators and instructors a chance to meet and to share good and bad experiences of EMT classes.

During the three days, top EMT instructors will put on demonstrations, the Emergency Medical Services Bureau will review the status of the EMT and advanced EMT programs and new films will be reviewed.

Dr. Jack Davis of Kalispell will deliver the keynote address on the role of the EMT.

conducted in four Montana communities.

Two more are planned for Havre and Glasgow and three longer seminars are being planned for Billings, Great Falls and Missoula.

The workshops, which were held in Fort Benton, Shelby and Lewiston, were presented by an emergency department physician and a nurse from the Montana Deaconess Hospital in Great Falls.

A workshop in Hamilton was conducted by Drs. Henry Gary, George Reed and George Roth of Missoula.

These workshops are sponsored by the EMS Bureau under the same training grant that is incorporating EMT training in state higher education facilities. The Bureau has contracted with the Montana Medical Education and Research Foundation to put on the workshops.

Cardio-pulmonary resuscitation, IV therapy, intubation, drug therapy and assessment and care for urgent versus emergency illness or injury are covered in the workshops.

## ACEP Chapter Forms

A Montana chapter of the American College of Emergency Physicians (ACEP) received its charter in June.

Dr. George Angelos of Billings is president; Dr. Hugh Dundee of Great Falls is president-elect, and Dr. Steve Elliot of Billings is secretary-treasurer.

In addition, members of the board are Dr. George Eusterman of Great Falls and Dr. David Cook of Missoula.

## Western Region Meets

The Western Montana Regional EMS Conference in Kalispell provided a chance for county representatives to discuss federal grant matching requirements with staff from the Emergency Medical Services Bureau.

Formation of an EMS regional council was delayed pending more news about the appointment of a regional coordinator.

## EMS Funds Disallowed

(Continued from Page 1)

budget for the next biennium.

The purpose of the committee was to review additional monies coming into the state about which the legislature had no knowledge and which might require commitments from future legislatures for matching money or paying salaries when federal funds dry up.

**Emergency Medical Services Bureau  
State Department of Health  
and Environmental Sciences  
Helena, Montana 59601**



## Doctor Warns Against Some Antidotes

Antidotes printed on the side of cans, boxes or bottles are usually out-of-date, Dr. Barry Rumack, of the Rocky Mountain Poison Center in Denver, stated at the Eastern Montana EMS Conference in Billings.

Dr. Rumack presented slides of a child who had been given the outdated antidote on a can of Drano and whose esophagus had been badly burned.

"We [at the Rocky Mountain Poison Center] would prefer that companies not put the antidote on a can, but would give the poison information center the antidote information," Rumack said.

He commented that the universal antidote sold in drugstores is useless.

With a slide display he showed that a 16 French tube used by many hospitals to pump stomachs is too

## Counties Share in Grant

(Continued from Page 1)

Missoula.....	\$18,500
Ravalli.....	\$24,900
Sanders.....	\$46,400

In addition, the region was funded for a communications microwave system at over \$120,000.

### IN SOUTHEASTERN MONTANA

Yellowstone.....	\$30,800
Carter.....	\$ 4,300
Custer.....	\$24,300
Fallon.....	\$ 7,200
Powder River.....	\$18,300
Rosebud.....	\$20,800
Stillwater.....	\$ 8,500
Sweet Grass.....	\$ 1,100
Musselshell.....	\$11,100
Carbon.....	\$10,800

narrow to allow some capsules and pills to be pumped out. Only the sugar coating goes, allowing the drugs to work faster, Rumack said. He recommended using a 36 French tube.

## skivs

The third annual combined meeting of the American College of Emergency Physicians and the Emergency Department Nurses Association will be October 7, 8 and 9 in Las Vegas.

Anyone involved in emergency medicine is invited to attend. Some of the sessions include a physician extender program, a session on pre-hospital care and post-graduate courses on a variety of subjects.

For more information, write the ACEP/EDNA Scientific Assembly, 241 E. Saginaw, East Lansing, Michigan 48823.

**EMS Workshops** for physicians, nurses and EMTs will be held September 8 in Glasgow and September 15 in Havre. These are being sponsored by the EMS Bureau and the Montana Medical Education and Research Foundation under the training grant that is incorporating EMT training in state higher education facilities.

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